

~~NOTICE OF DEFENDANT'S CLAIM~~  
**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/526003  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6	1					
7	1					
8	1					
9		1				
10		1	1			
11		1	1			
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TOTAL IND.			2			
TOTAL DEP.			6			
TOTAL CLAIMS			8			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						